

(Rel. 10-3-05 Pub. 605)

FORM 19-4

19-13

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Practitioner's Docket No. None

US PATENT AND TRADEMARK OFFICE

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

☒ In re application of: Haley, Jeffrey  
Application No.: 10 / 772,099 Group No.: 1655  
Filed: 02/04/04 Examiner: Leith, Patricia A.  
For: TREATING MOUTH ULCERS WITH PATCHES TO SPEED HEALING AND  
RELIEVE PAIN

☐ Patent\*: Issued:

\*NOTE: Insert name(s) of inventor(s) and title also for patent. Where request is with respect to a maintenance fee payment also insert application number and filing date and add Mail Stop 16 to address.

Mail Stop 16

Director of the U.S. Patent and Trademark Office

P.O. Box 1450,

Alexandria, VA 22313-1450

Adjustment Date: 09/19/2005 SDIRETA1  
03730/2005 HTECKLU1 00000005 042223 10772099  
01 FC:1806 180.00 CR

REQUEST FOR REFUND  
(IMPROPER CHARGE OF DEPOSIT ACCOUNT)

NOTE: 37 C.F.R. § 1.26 Refunds.

(a) The Commissioner may refund any fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee, such as when a party desires to withdraw a patent or trademark filing for which the fee was paid, including an application, an appeal, or a request for an oral hearing, will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts. If a party paying a fee or requesting a refund does not provide the banking information necessary for making refunds by electronic funds transfer (31 U.S.C. 3332 and 31 CFR part 208), or instruct the Office that refunds are to be credited to a deposit account, the Commissioner may require such information, or use the banking information on the payment instrument to make a refund. Any refund of a fee paid by credit card will be by a credit to the credit card account to which the fee was charged.

(b) Any request for refund must be filed within two years from the date the fee was paid, except as otherwise provided in this paragraph or in § 1.28(a). If the Office charges a deposit account by an amount other than an amount specifically indicated in an authorization (§ 1.25(b)), any request for refund based upon such charge must be filed within two years from the date of the deposit account statement indicating such charge, and include a copy of that deposit account statement. The time periods set forth in this paragraph are not extendable.

EXPRESS MAILING UNDER 37 C.F.R. § 1.10\*

(Express Mail label number is mandatory.)

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I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date \_\_\_\_\_, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. \_\_\_\_\_

(type or print name of person mailing paper)

Signature of person certifying.

**WARNING:** Certificate of mailing (first class) or facsimile transmission procedures of 37 C.F.R. 1.8 cannot be used to obtain a date of mailing or transmission for this correspondence.

**\*WARNING:** Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(b).  
"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.  
(Request for Refund (Improper Charge of Credit Card Account) [19-4]—page 1 of 3)

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DATE

## I. REFUND REQUEST

2005

This is a request for a refund, with respect to the charge to Deposit Account  
04-2223, shown on the statement dated 03/31/05, for the  
above-identified

- ☒ application.  
☐ patent.

(check the following, if desired, and supply copy of statement)

- ☒ A copy of the monthly statement, in which the error referred to occurs,  
accompanies this request.

## II. FEES CHARGED FOR WHICH REFUND REQUESTED

### AMOUNT OF REFUND REQUESTED

- ☐ Basic fee  
☐ Examination fee  
☐ Search fee  
☐ Additional fee for specification and drawings  
☐ Surcharge for filing the basic filing fee on a date later  
than the filing date of the application  
(37 C.F.R. § 1.16(e))
- and/or
- ☐ Surcharge for filing the oath or declaration on a date  
later than the filing date of the application  
(37 C.F.R. § 1.16(e))
- ☐ Extension of term
- ☐ first month  
☐ second month  
☐ third month  
☐ fourth month  
☐ fifth month
- ☐ Excess claims  
☐ Issue fee  
☐ Petition fee  
☐ Patent maintenance fee
- ☐ first maintenance fee  
☐ second maintenance fee  
☐ third maintenance fee
- ☐ Patent maintenance fee surcharge  
☒ Other Information Disclosure Statement

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

180.00

TOTAL REFUND REQUESTED

180.00

**BEST AVAILABLE COPY****III. EXPLANATION OF WHY CONTESTED CHARGE IS IN ERROR**

On March 30, 2005 Deposit Account No. 04-2223 was charged \$180.00 for an information disclosure statement fee. Dykema Gossett PLLC has no record that it represents the Applicant in this application. Therefore, I believe that the \$180.00 fee was erroneously charged to Deposit Account No. 04-2223.

**IV. MANNER OF REFUND**

Please make the refund by

- ☒ Crediting Deposit Account No. 04-2223  
☐ Crediting applicant's credit card as shown on the attached credit card authorization form PTO-2038.

**WARNING:** Credit card information should not be included on this form as it may become public.

- ☐ Sending refund check to applicant  
☐ By electronic funds transfer using the banking information on the payment instrument.

Reg. No.: 38,278

Tel. No.: ( 248 ) 203-0832

Customer No.: 26127

  
SIGNATURE OF PRACTITIONER

John W. Rees

(type or print name of practitioner)

Dykema Gossett PLLC  
39577 Woodward Avenue, Suite 300  
P.O. Address

Bloomfield Hills, Michigan 48304-5086

FW 8

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**

Applicant(s): **Haley, Jeffrey**

Docket No.

None

Application No.

10/772,099

Filing Date

02/04/04

Examiner

Leith, Patricia

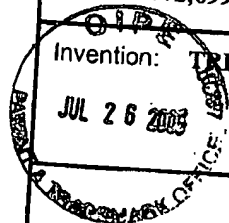
Customer No.

Group Art Unit

1655

Invention: **TREATING MOUTH ULCERS WITH PATCHES TO SPEED HEALING AND RELIEVE PAIN**

JUL 26 2005



I hereby certify that this Request for Refund (Improper Charge of Deposit Account)  
(Identify type of correspondence)

is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  
07/22/05  
(Date)

Mary F. Peltier

(Typed or Printed Name of Person Mailing Correspondence)

  
(Signature of Person Mailing Correspondence)

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MONTHLY STATEMENT  
OF DEPOSIT ACCOUNT

To replenish your deposit account, detach and  
return top portion with your check. Make check  
payable to Director of Patents & Trademarks.

DYKEMA GOSSETT PLLC  
MARY F. PELTIER  
39577 WOODWARD AVENUE  
SUITE 300  
BLOOMFIELD HILLS MI 48304-2820

FINA

Account No.	042223
Date	3-31-05
Page	7

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P.O. Box 70541  
Chicago, IL 60673

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DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
MO.	DAY	YR.						
3	28	05	230	PCT/US05/08934	89000-160-2	1702		
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3	29	05	47	E-REPLENISHMENT	65349-007	9203	1211.00	19503.66
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AN AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED MUST ALWAYS BE ON DEPOSIT				OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE	

MS020B (6/2004)

MS0208 (6/2004)

\*\*\* O.D. INDICATES OVERDRAWN